

**COUNTY OF LOS ANGELES- DEPARTMENT OF MENTAL HEALTH
CHILDREN PROGRAM ADMINISTRATION**

FIELD CAPABLE CLINICAL SERVICES (FCCS) FOR CHILDREN

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Purpose: To define Field Capable Clinical Services (FCCS) for children/youth including those services that may be provided as part of FCCS and to describe those individuals for whom FCCS was designed.

- Definitions:
1. Field Capable Clinical Services
 - a. Field Capable Clinical Services (FCCS) are specialty mental health services provided to children/youth, ages 0-15 by professionals and paraprofessionals specially trained to recognize and respond to the unique biopsychosocial needs of children/youth. Thirty-five to Seventy percent (35-70%) of all FCCS are to be provided in field-based settings, including but not limited to consumer's residence, schools, juvenile camps, and fostercare. FCCS are less intense than those services provided through the Full Service Partnership (FSP) Programs
 - b. FCCS are responsive and appropriate to the cultural and linguistic needs of the children/youth and their families and are supported by promising and/or evidence-based practice, wherever and whenever possible.
 - c. The following services are available as part of FCCS:
 - Outreach and Engagement
 - Bio-psychosocial assessment
 - Individual and family treatment
 - Medication support
 - Telephone response 24/7
 - Specialized assessment and treatment interventions for co-occurring disorders, i.e. mental illness and substance abuse, and/or

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developmental and/or cognitive disorders, and/or medical disorders

- Peer counseling, family education and support
 - Linkage and care coordination, including linkage for co-occurring medical, substance abuse and/or developmental disorders.
 - Consultation with treatment providers and other systems. Examples include, but are not limited to, child psychiatrists, pediatricians, neuropsychologists, Therapeutic Behavioral Service (TBS) providers, and therapeutic nursery school staff, social workers from the Department of Children and Family Services (DCFS), probation officers.
- d. FCCS are voluntary programs that focus on providing services to children/youth and their families who may be reluctant or unable to seek services in traditional mental health clinics due to stigma, lack of funding, transportation or physical difficulties and/or geographic limitations. In addition, FCCS will focus on the following populations:
- Children/youth who are in the foster care system or at risk of placement; and/or
 - Children/youth who have co-occurring substance abuse, developmental or medical disorders; and/or
 - Children/youth who are at serious risk of school failure; and/or
 - Children/youth who are at serious risk of involvement in the juvenile justice system; and/or
 - Children/youth who have experienced trauma; and/or
 - Children/youth for whom intensive FSP services are not appropriate or available; and/or

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Partners/Advocates receive supervision from the professional staff of the FCCS team to which they are assigned.

- b. Examples of duties that may be performed by Parent Partners/Advocates and Service Extenders include but are not limited to:
- Outreach to families and communities to assist clients in accessing mental health services.
 - Provide education on available mental health and supportive services to children, families and community-based organizations.
 - Link children/youth and families to appropriate mental health services, identifying any cultural and linguistic special needs the family may have.
 - Advocate for parents and children/youth receiving services to ensure they continue to receive appropriate levels of care.
 - Participate in countywide efforts to advocate for parents and families receiving mental health services.
 - Provide support for family members to strengthen the family members' network of relationships.
 - Convey community and client cultural patterns and attitudes to multi-disciplinary team.

Related Guidelines:

FCCS Guideline No. 2.A. Eligibility Criteria

FCCS Guideline No. 4.A. PCP Referral Process

FCCS Guideline No. 4.B. Non-PCP Referral Process

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Multi-Disciplinary Teams	1.B.	5-1-09	1 of 2
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Purpose: To establish the role of multi-disciplinary teams providing specialty mental health services as part of Field Capable Clinical Service for children/youth.

Definition: Multi-Disciplinary Team
Field Capable Clinical Services are provided by members of multi-disciplinary teams. The multi-disciplinary teams are generally comprised of certain core team members, for example: a registered nurse, a social worker, a psychologist, a recreation therapist and/or a medical case worker. A psychiatrist shall serve as a member of each multi-disciplinary team. Where applicable, Parent Partners/Advocates and Service Extenders will serve as members of multi-disciplinary teams. The team structure and utilization of members' expertise will be based upon the nature of the FCCS program and the individual needs of the child/youth for whom services are required. In some situations, the particular expertise of a team member may not be required on a full-time basis. However, it is essential to the functioning of the multi-disciplinary team that the special skills of those representing various disciplines are available within the team and that all members meet on a regular basis to plan, evaluate and monitor a client's response to treatment.

Guidelines:

1. It is essential that each member of the treatment team participate in staff meetings to ensure a range of expertise for the review of treatment needs of new clients and to re-evaluate the ongoing treatment needs and issues faced by children/youth participating in FCCS.
2. Multi-disciplinary treatment teams are expected to meet at regular intervals; all members of the treatment team

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are expected to participate. Assessment, care planning and treatment shall be family-focused. Additionally, teams are expected to review treatment needs of children/youth utilizing a recovery-oriented, comprehensive biopsychosocial approach.

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Field-Bases Services	I.C.	8/19/09	1 of 1
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Purpose: To establish parameters for what constitutes a field-based service.

- Definitions:
1. Field-based services are those services provided in a location that has a different address than the clinic site. The choice of service delivery site is based on the client's recovery goals and possible transportation limitations. Examples include churches, parks, libraries, physical health care settings and residences.
 2. Services provided within the same building, even if the building houses different programs are not field-based. The exception to this would be where a client residence and treatment program reside at the same address.

Guidelines: Mental health services will be delivered at a site conducive and comfortable to the client, with the goal to engage and retain the client in services. It is the responsibility of the provider to identify the most appropriate Service Location Code to describe the location in which services were provided. The complete listing of Service Location Codes may be found in the Integrated Systems Codes Manual.

For Children, Transition Age Youth and Adult FCCS programs 35-70% of service time should be provided in field-based settings. This percentage is calculated based on the total minutes billed within a month, excluding service location codes 11 and 53.

Attachment DMH-CIOB Service Location Codes

SERVICE LOCATION CODES

Identifies the location of service at which services were rendered.

<u>Codes</u>	<u>Description</u>
03	School
04	Homeless Shelter (Effective 12-3-2007)
09	Prison/Correctional Facility (Effective 2-23-2009) <i>(Not applicable to FFS 2 providers)</i>
11	Office
12	Home
13	Assisted Living Facility (Effective 12-3-2007)
14	Group Home (Effective 12-3-2007)
16	Temporary Lodging, e.g. hotel (Effective 2-23-2009)
20	Urgent Care
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room – Hospital
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility – Without STP
32	Nursing Facility – With STP
33	Custodial Care Facility
34	Hospice
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
71	State or Local Public Health Clinic
99	Other Unlisted Facility

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Eligibility Criteria	2.A.	5-1-09	1 of 2
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Purpose: To describe the criteria necessary for participation in Field Capable Clinical Services for children/youth.

Definition: Serious Emotional Disturbance (SED)
A child/youth is considered seriously emotionally disturbed (SED) if he/she exhibits one or more of the following characteristics, over a long period of time and to a marked degree, which adversely affects his/her functioning:

- An inability to learn which cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations;
- A general pervasive mood of unhappiness or depression;
- A tendency to develop physical symptoms or fears associated with personal or school problems. [34 C.F.R. Sec. 300.7(b)(9); 5 Cal. Code Regs. Sec. 3030(i).]

Guidelines:

1. In order to be eligible to receive FCCS, a child/youth must be age 0-15 with SED
2. Population to be served
 - a. FCCS will focus on children/youth and their families who would be unable to avail themselves of services in traditional mental health clinics due to stigma, lack of funding, transportation or physical difficulties, geographic limitations and/or who are more appropriately served by the unique intervention strategies of a child/youth focused program. In

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addition, FCCS will focus on the following sub-populations:

- Children/youth who are in the foster care system or at risk of placement; and/or
- Children/youth who have co-occurring substance abuse, developmental or medical disorders; and/or
- Children/youth who are at serious risk of school failure; and/or
- Children/youth who are at serious risk of involvement in the juvenile justice system; and/or
- Children/youth who have experienced trauma; and/or
- Children/youth for whom intensive FSP services are not appropriate or available; and/or
- Children/youth who have a history of recent psychiatric hospitalizations or are at high risk for psychiatric hospitalization; and/or
- Children/youth who are at serious risk for suicide.

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Exclusion from FCCS Participation	2.B.	5-1-09	1 of 1
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Purpose: To establish guidelines for clients referred to Field Capable Clinical Services (FCCS) programs who may be ineligible to receive FCCS due to benefits criteria for the following categories:

- HMO and Third-Party Insured

Definitions: 1. An agency that refers a client of a prepaid health care plan (e.g. Health Maintenance Organization (HMO), Prepaid Health Plan (PHP), Managed Care Plan (MCP), Primary Care Physician Plan (PCPP), and Primary Care Case Management (PCCM)), must first look to those entities as responsible for the provision of mental health services as defined by their contracts, unless the prepaid health plan or the client, as appropriate, is willing to pay for the full cost of their care.

Guidelines: 1. If a private prepaid health plan member is being referred to an FCCS program, the referral source should be advised that their client's health care plan is responsible for managing their care.

2. In the event that an FCCS client is determined to be a beneficiary of a prepaid health plan the client must be immediately referred back to the referring agency and/or health plan for disposition and continued services. All FCCS services need to be terminated if the benefit source is unwilling to pay full cost of services.

References: DMH Policy No. 401.8 (9/04)
DMH Revenue Management Bulletin (3/05)

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Parent Partners/ Advocates and/or Service Extenders Overview	3.A.	5-1-09	1 of 3
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Purpose: To establish guidelines for the use of Parent Partners/Advocates and/or Service Extenders as members of multi-disciplinary teams in the Field Capable Clinical Services (FCCS) programs.

Definition:

1. Parent Partners/Advocates and/or Service Extenders
 - a. Parent partners/advocates are defined as community workers who work collaboratively with children/youth and their families and are participating members of multi-disciplinary FCCS teams.
 - b. Service Extenders are clients in recovery or family members who, following specialized training, volunteer to serve as members of multi-disciplinary FCCS teams.
 - c. Examples of duties that may be performed by Parent Partners/Advocates and/or Service Extenders include but are not limited to:
 - Outreach to families and communities to assist clients in accessing mental health services.
 - Provide education on available mental health and supportive services to children, families, community-based organizations.
 - Link children/youth and families to appropriate mental health services, identifying any cultural and linguistic special needs the family may have.
 - Advocate for parents and children/youth receiving services to ensure they continue to receive appropriate levels of care.
 - Participate in countywide efforts to advocate for parents and families receiving mental health services.

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- Provide support for family members to strengthen the family members' network of relationships.
- Convey community and client cultural patterns and attitudes to multi-disciplinary team.

Guidelines:

1. A Service Extender is a volunteer, not a full-time employee, whereas a Parent Partner/Advocate is an employee.
 - a. For contract agencies, Parent Partners/Advocates and/or Service Extenders should be processed into the agency in a manner that is in keeping with agency policies and procedures, prior to providing services.
2. Parent Partners/Advocates and/or Service Extenders are expected to become fully integrated members of the FCCS team. The following guidelines may facilitate the integration process:
 - a. All FCCS team members will be familiar with "Wellness and Recovery" concepts.
 - c. In addition to regularly scheduled "Assessment and Re-evaluation" meetings, Parent Partners/Advocates and/or Service Extenders will receive regularly scheduled individual clinical supervision.
 - d. Parent Partners/Advocates and/or Service Extenders should be encouraged to utilize clinical supervision to examine the impact of their values, beliefs and attitudes about their work, as would any other team member.
 - e. Parent Partners/Advocates and/or Service Extenders should be advised to report promptly to their clinical supervisor any and all suspected risk factors involving a client.

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- f. Team members will remain accessible during working hours for consultation and support to Parent Partners/Advocates and/or Service Extenders.

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Parent Partners/ Advocates and/or Service Extenders Documentation	3.B.	5-1-09	1 of 1
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Purpose: To describe the documentation requirements for all services provided by Service Extenders.

- Guidelines:
1. All services provided by Services Extenders are to be documented in the client's medical record.
 2. Each entry shall contain the name of the client for whom services are provided and the following information:
 - a. Date and location of service delivery;
face-to-face and other time associated with service delivery.
 - b. A brief description of the nature of the service (if possible include a quotation from the client).
 - c. A brief description of any known risk.
 - d. The signature and title of the person making the entry in the medical record.
 3. Documentation is to be completed within 24 hours of service delivery and may be completed in one of two ways:
 - a. The Service Extender may document the service in the medical record. All notes written by Service Extenders are to be countersigned by their clinical supervisor.
 - b. In situations where the Service Extender is unable to complete the documentation within 24 hours, the Service Extender may contact the clinical supervisor and describe the service to the clinical supervisor who may then write a progress note on behalf of the Service Extender.

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Integrated System (IS) and Coding	4.A.	5-1-09	1 of 3
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Purpose: To provide guidance regarding the appropriate choice of select codes associated with the delivery of FCCS.

Guidelines: 1. Service Location Codes
A. The majority of services will be provided in field-based settings. FCCS staff shall be familiar with the Service Location Codes and select accordingly as follows:

03 - School

04 - Homeless Shelter

11 - Office. This is to be used when services are provided in DMH offices.

12 - Home. This is for use when services are provided in client homes or residences, regardless of type.

14 - Group Home

50 - Federally Qualified Health Center. This is to be used in primary care settings when the site has been designated as a Federally Qualified Health Center (FQHC).

53 - Community Mental Health Center

71 - State and Local Public Health Clinic. This is to be used for all health care provider locations that do not qualify as an FQHC.

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99 - Other Unlisted Facility. This is to be used for all other locations that are not otherwise covered in the Service Location Codes above, such as probation camps, parks, and community centers.

2. CPT Codes for Use with FCCS

A. FCCS providers are encouraged to refer to “A Guide to Procedure Codes for Claiming Mental Health Services” available on the DMH intranet when selecting CPT codes. Most services, and their respective billing codes, that are used in outpatient clinical settings will be available to FCCS providers. The table below provides a brief account of the codes available to FCCS providers:

Category	Codes
Assessment	90801, 90802
Psych testing	96101, 96102, 96103, 90889
Indiv. Psychotherapy	H2015, 90804, 90806, 90808, 90810, 90812, 90814
Indiv. with E&M	H2015, 90805, 90807, 90809, 90811, 90813, 90815
Indiv. Rehab	H2015
Family and Group	90847, 90887, 90849, 90853, 90857, H2015
Med Support	90862, M0064, H2010
Other	T1017, 99361, 99362, 90889
Crisis Intervention	H2011
COS	231 – Community Client Service

3. IS Plan Selection

A. Refer to FCCS Guideline 5.B., IS Plans, for selection of plans associated with FCCS participants.

References: DMH Integrated System Codes Manual

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DMH: A Guide to Procedure Codes for Claiming Mental
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IS Plan Selection	4.B.	5-1-09	1 of 1
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Purpose: To clarify the selection of IS Plans related to the delivery of Field Capable Clinical Services.

Guidelines: 1. IS Plans
All services that are provided by FCCS providers under FCCS programs, shall have MHSA-FCCS-Child selected in the IS Claim Plan field in association with any claims provided under FCCS.

In situations where a client may choose to continue to be seen by an outpatient psychiatrist while receiving services under FCCS, claims for services should be associated with either CGF or other applicable non-MHSA plans as found in the IS Claim Plan field. This will ensure that the reimbursement is requested from the appropriate source.

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Location Tracking	4.C.	5-1-09	1 of 2
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Purpose: To describe requirements for communicating information regarding collaborations with community partners to Child, Youth and Family Program Administration (CYFPA).

Guidelines: District Chiefs and/or Program Managers of Field Capable Clinical Services programs are expected to provide information regarding any and all community partner agencies where DMH staff are stationed (co-located) on a regular basis.

A Location Tracking Form (attached) has been developed that specifies the information required to be forwarded to CYFPA upon initial collaboration and as changes occur to any of the data fields. This information is an administrative requirement of DMH and the Chief Administrative Office of the County of Los Angeles.

The following data elements are required:

- Start Date– The date that DMH staff began to be stationed at the community partner location.
- Revision Date– The date that marks any changes to existing information.
- Community Partner Name
- Address/City– The address where DMH staff will provide services.
- Community Partner Contact Person and Telephone Number
- Name and Title of DMH Co-located Staff

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- Other Information– Any other relevant information including notation of corporate headquarters which may differ from address where DMH staff will be co-located.

Attachment: Location Tracking Form

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Field-Based Medication Services	5.A.	5-1-09	1 of 2
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Purpose: To clarify those medication support activities provided by Registered Nurses (RN) that are permissible components of Field Capable Clinical Services (FCCS).

- Guidelines:
1. Field-based medication education and monitoring a client's response to medications are essential duties of the RN regardless of location of service delivery.
 2. The RN is expected to meet all documentation requirements associated with medication support services. Examples include, but are not limited to documentation of side effects, client response to medication, compliance with medication regime etc. RNs should refer to Departmental policies on documentation and to the *Organizational Providers Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services* for additional information and/or consult with their clinical supervisor for further direction.
 4. Injectable medication for the treatment of mental health disorders may be prescribed by a physician or nurse practitioner and administered by an RN in a field-based setting.
 5. Children/youth participating in FCCS may have multi-system illnesses. Coordination of care between prescribing medical and psychiatric providers is an essential component of FCCS. RNs may discuss medications with both prescribing physicians and dispensing pharmacists to ensure that all providers are aware of the range of medications (physical and mental health) taken by a particular client as a means to

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- Children/youth who have a history of recent psychiatric hospitalizations or are at high risk for psychiatric hospitalization; and/or
 - Children/youth who are at serious risk for suicide.
- e. Field Capable Clinical Services do not require authorization to provide services; participation is based upon the above guidelines. In addition, specific diagnostic and functional requirements are discussed in FCCS Guidelines No. 2.A.
- f. In some cases, children/youth may be appropriately served in traditional outpatient mental health clinics, for example, children/youth who may not require intensive step down from FSP. Additionally, children/youth who do not require specialized child/youth-focused, field-based services that are provided under FCCS, may receive services in the outpatient clinic setting.
2. Parent Partners/Advocates and Service Extenders
- a. As an adjunct to FCCS, providers may choose to utilize Parent Partners/Advocates and/or Service Extenders. Service Extenders is a term used to describe clients in recovery or family members who have received specialized training enabling them to work with children/youth and their families as participating members of multi-disciplinary FCCS teams. Parent partners/advocates are defined as community workers who work collaboratively with children/youth and their families and are participating members of multi-disciplinary FCCS teams. Typically, these individuals have prior personal experience with advocating for their child or a minor relative in the system. Service Extenders and Parent

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Purpose: To establish parameters for what constitutes a field-based service.

Definitions:

1. Field-based services are those services provided in a location that has a different address than the clinic site. The choice of service delivery site is based on the client's recovery goals and possible transportation limitations. Examples include churches, parks, libraries, physical health care settings and residences.
2. Services provided within the same building, even if the building houses different programs are not field-based. The exception to this would be where a client residence and treatment program reside at the same address.

Guidelines: Mental health services will be delivered at a site conducive and comfortable to the client, with the goal to engage and retain the client in services. It is the responsibility of the provider to identify the most appropriate Service Location Code to describe the location in which services were provided. The complete listing of Service Location Codes may be found in the Integrated Systems Codes Manual.

For Children, Transition Age Youth and Adult FCCS programs 35-70% of service time should be provided in field-based settings. This percentage is calculated based on the total minutes billed within a month, excluding service location codes 11 and 53.

Attachment DMH-CIOB Service Location Codes

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decrease possible adverse interactions between medications.

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Prescription Medication and Laboratory Tests	5.B.	5-1-09	1 of 3
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Purpose: To describe the processes involved in prescribing medications and ordering laboratory tests for clients who participate in Field Capable Clinical Services (FCCS) programs outside of the traditional mental health clinic.

- Guidelines:
1. Prescription Medications and Laboratory Tests in Primary Care Provider (PCP) settings
 - a. FCCS physicians may provide consultation to the PCP to enable the PCP to manage the mental health treatment of a particular client. In this case, medications or laboratory tests may be recommended by the FCCS physician to the PCP, but the actual prescription or laboratory test order is written by the PCP. The PCP agency will assume financial responsibility for all prescriptions and laboratory tests ordered by the PCP.
 - The mechanism for filling prescriptions and obtaining specimens for laboratory analysis will be in accordance with PCP agency protocols.
 - b. Clients may be referred to the FCCS physician for evaluation and treatment of a client whose care is believed to be beyond the scope of practice of a PCP. In such cases, if the FCCS agrees to assume direct responsibility for delivery of mental health medication services, the FCCS physician writes a medication prescription or laboratory test for a client who is referred from PCP, the FCCS physician agency (DMH) will assume financial responsibility for all prescriptions and laboratory tests ordered by the FCCS physician.

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- i. Prescriptions for indigent clients are entered into the PATS system or taken to a DMH affiliated pharmacy for dispensing. When a client is unable to make arrangements to pick up a medication from a pharmacy, attempts shall be made to arrange for the pick up and/or delivery of medication, as appropriate, directly to the client.
- ii. Clients for whom laboratory tests have been ordered by the FCCS provider will be referred to the nearest Quest Laboratory office. The laboratory order form may be completed by the provider and given to the client to take to the Quest office, as appropriate.
 - The location of the nearest office may be accessed by going to the Quest website located at: <http://www.questdiagnostics.com/index.html> Click on the Location tab at the top of the page and then complete the query to obtain the address of the nearest laboratory. This information may also be obtained by telephoning: (800) 377-8448.

If the client is unable to make arrangements to go to the nearest Quest laboratory, attempts shall be made by the FCCS team to arrange for transportation to the laboratory.

2. Prescription Medications and Laboratory Tests in other Field-based settings.

- a. In situations where the FCCS physician or nurse practitioner makes a field-based, non-PCP setting visit that results in the prescribing of medication or

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the ordering of laboratory tests, refer to Section 1.b.i and 1.b.ii above for a description of the process to be followed.